MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1	~	1			
4		2		1		
5		①		1		
6		①		1		
7		①		1		
8		①		1		
9		①		1		
10		①				
11		①				
12		①		1		
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TOTAL IND.	↓		3	↓		↓
TOTAL DEP.	←		7	←		←
TOTAL CLAIMS			10			

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
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99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS